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LEADING ARTICLES

COUGH—EXTRAPULMONARY CAUSES OF COUGH, IN CONSEQUENCE OF PATHOLOGIC CHANGES IN THE UPPER RESPIRATORY TRACT, AND DISTURBANCES IN THE FUNCTION THEREOF.*

J. C. BUCKWALTER, M. D.

ST. LOUIS, MO.

ONE of the difficult problems confronting the physician is to find the cause of and cure for stubborn, harassing and persistent cough. This paper refers to those types of cough in which pathologic changes in the chest can be excluded. This class of cases have usually run the gamut of the whole pharmacopiea. Yet, aside from temporary relief, the cough lingers, causing greater or less annoyance and concern to the patient, family and friends.

The assurance that the cough is quite innocent in character, that no lesions or evidence of tuberculosis are present, offers the patient little comfort. The physician often finds it difficult to retain the confidence of the patient, to passify him and prevent undue and unnecessary worry, particularly so in this time of enlightenment on and crusade against tuberculosis.

*Read before the Missouri State Medical Association, Jefferson City, May 16, 1906.

Probably there is no symptom more frequently met with, aside from pain, that causes more distress than cough. Cough is an indication of some irritation or disturbance in the upper or lower respiratory tract. I believe, that in the vast majority of instances, the actual disturbance to be extra-pulmonary in origin, and quite innocent in its nature, contrary to the conviction of the patients, who often insist that the seat of the trouble must be in the chest Extrapulmonary cough has been ascribed to almost as many causes as there are organs in the body. Various theories as to the production of reflex cough formerly enjoyed a wide recognition among physicians. However, by a thorough and accurate examination, the extraneous cause will usually be found to be due to some pathologic change in the nose, naso-pharynx, oro-pharynx, palatal region, glosso-epiglottic fossae, larynx, or upper third of the trachea.

Cough is usually spoken of as direct or reflex. It is a direct cough when there is irritation from congestion, edema, inflammation, pressure, swelling, or from foreign substances, such as mucus, pus, etc., within the respiratory tract. Cough is a reflex phenomenon when due to some pathologic change in the respiratory organs.

Apparently there exists among various observers more or less confusion as to the mutual understanding of the reflex cough. There are those who consider all cough due to altered functions of the upper air passages as reflex, while others classify it a direct cough.

From a physiological sense, all coughs are reflex, that is, we have an exciting organ, a central organ, and this united in turn with an executing organ. An admirable example and interesting source of reflex cough is exhibited by irritation in the external auditory canal by the presence of a foreign body, impacted cerumen, inflammation and irritation in the cerumen secreting area, the osteo-cartilaginous junction of the auditory canal and the drum membrane. Illustrated in this typical case: Three years ago, Mr. A., age 38, consulted me for tinnitus in the right ear, slight impairment of hearing and occasional pruritis in the external auditory canal. On introducing the aural speculum in the auditory canal, a most persistent and violent cough was induced. An inspection of the canal showed it to be covered with dark, dry, scaly lardaceous substance extending to the depth of the drum, which was hyperemic and

thickened. The patient remarked that he had been troubled with this troublesome cough for years. This paroxysm was likely to come on at any time. During the last eighteen years he has consulted physicians who have prescribed various remedies with little or no benefit to the cough. He has been advised to leave this climate, that his lungs are affected. However, the patient remained in St. Louis, continuing to cough, but took on weight.

Diagnosis.—Eczema of the external auditory canal. Treatment directed to the dermatitis stopped the cough, the itching, the tinnitus, and restored the hearing to normal. To the present the introduction of a speculum or probe evokes the same old cough.

It occurs to me that undue stress has been laid on nasal and naso-pharyngeal reflexes as a causative factor in the production of cough. It is a term misapplied.

My experience has been that almost every case of cough due to some disturbance in the upper air passages, rather than a reflex cough, is a cough due to direct mechanical irritation of either the epiglottis, lateral walls of the pharynx, sensitive areas in the larynx, in the trachea and bronchi. I hardly believe that too liberal construction can be given the importance of nasal and naso-pharyngeal obstruction and its interference with proper respiration, causing periodic or absolute mouth breathing. Mouth breathing is a course productive of many bad results, and harmful in proportion, as the air inspired is impure, charged with dust, not sufficiently warmed, and humidified before reaching the epiglottis, larynx trachea and bronchi. In consqeuence, direct mechanical irritation is set up with resultant direct cough.

Intra-nasal factors, which may induce cough from indirect irritation through mouth breathing or from hypersecretion in the pharyngeal space, may be menticned as chronic rhinitis, intumescent and chronic hypertrophy of the middle and inferior turbinate bones and of the mucous membranes in general, posterior hypertrophies, polypi, deflected septum, spurs, ridges or other abnormalities of the septum and floor of the nasal fossae.

Mention should be made of necrotic, purulent, syphilitic, atrophic rhinitis and sinusitis causing stenosis or profuse secretion which trickles down the pharyngeal walls to irritate the sensitive areas of the epiglottis, larynx or even trachea.

Within the confines of the upper pharynx the pathologic changes, namely, hypertrophic and granular pharyngitis, atrophic pharyngitis, enlarged pharyngeal tonsil or adenoids, in so far as the condition is productive of partial or absolute stenosis, or in proportion as the hypersecretion from this region provokes irritation to the sensitive areas well supplied with peripheral nerve filaments, will cough follow.

In the lower pharynx cough is induced by elongated uvula, low hanging uvula from relaxed palate, edematous uvula from contact with the epiglottis.

In the glosso-epiglottic fossae from varicosity and hypertrophy of the lingual or tongue tonsil, the cough is dependent upon the degree of disturbance inflicted to the highly sensitive epiglottis.

A causative factor sometimes overlooked is hypertrophy of the lateral pharyngeal walls, or so-called pharyngitis lateralis, which in some instances is productive of distress and harassing symptoms. The faucial tonsils in my experience have always been innocent offenders so far as related to cough.

Cough from the epiglottis may be looked for in edema, ulceration and inflammation.

In the larynx, in benign and malignant growths, edema, foreign bodies, ulcers and formation of scar tissue, in acute and chronic inflammation, cough is usually a prominent feature.

Treatment consists in opening the upper air passages, removing obstructions, establishing free and easy physiologic respiration, lessening secretion, and obliterating all sources of direct irritation by or through means accessible and indicated by the conditions confronting the operator.

Acknowledging the value of clinical data, induces me to append brief notes from the following cases: November, 1905, Elizabeth L. age 9. Referred by Dr. Kennedy for examination of the nose and throat, and treatment if necessary. Complained of cough the past two months. Internal medication unsatisfactory. Present state: no fever, normal pulse, appetite good. Patient appears to breathe through the nose freely. Mother has never observed that the child breathes otherwise. Inspection of the nose, naso-pharynx, oro-pharynx and larynx did not revel any abnormal alterations, aside from some slight bogginess of the lower margin of the inferior turbinates. The mother was instructed to note breathing during sleep. The report next day confirmed my belief that respiration was carried on at night, when recumbent, through the mouth. Diagnosis.—Intumescent hypertrophy of the inferior turbinate bodies.

Treatment.—Locally, every third day at office, spray in the nose 2% cocaine solution to lessen irritation, induced by the application of a 1% copper sulphate solution. This

was followed by an oily spray of menthol gr. 3, camphor gr. 2, oil eucalyptol gtt. 3, in vasenol oz. 1, to the nose, naso-phayrnx, and by deep inhalations into the larynx, trachea and bronchi. At home, oil vasenol comp. oz. 1, with instructions to instil 10 drops in each nostril every three hours. Results.—The nasal congestion soon disappeared, result ing in re-established nasal respiration at night. Within three weeks the cough was cured.

From the case cited, it will be noted that it is at night, when recumbent and asleep, the physiologic function of the nose is arrested by hypostatic congestion of the mucosa. From mere inspection of the nasal chambers, in many instances, a definite diagnosis cannot be made. However, by requesting the patient to observe the condition of his mouth and nose on awaking in the night and morning, and to note the nasal stoppage, and consequent parched, dry, leathery, pasty feeling in the mouth and throat, with other disagreeable symptoms, as hawking, gagging, retching, etc., a definite conclusion can be drawn and diagnosis made.

Case II.—Five years ago, Mrs. L., age 26, consulted me complaining of a lump in the throat and for the past two years. Symptoms were worse after dining. Present State.—Examination revealed a large spur on the septum left naries, moderate pharyngitis and hypertrophy of the tongue tonsil. Diagnosis.—Hypertrophy of the lingual tonsil. Treatment confined to reducing the enlarged tongue tonsil with the galvanic cautery. This was accomplished in three sittings when the symptoms cleared up.

Case III.—April, 1904. Mr. G. W. G., age 45. Complains of the nose stopping up for the past fourteen months, and especially annoying at night, when he breathes through the mouth. Always has a cold in the head. The ears ring and hearing is impaired. Early in the mornings is awakened by an annoying cough, which is troublesome all day. Has taken many cough remedies without relief. Present State.—The nose, nares filled with thick greenish secretion. The septum is thickened narrowing the nasal fossae. The inferior turbinates are turgescent filling the inferior meatuses. After removing the secretion and reducing the congestion a fair view of the nasal cavities was made possible. On the posterior end of the septum a crusty scab was clinging. By removing the scab the probe came in contact with denuded bone. Questioning the patient brought forth a history of specific trouble in the family. Ears: Drums normal. Hearing by watch one inch right and left. Diagnosis: Syphilitic necrosis of the vomer. Treatment: Internally, syrup stillingia comp. one teaspoonful three times daily; ten gr. kali iod. three times daily. Locally: Curettement of the necrotic bone with subsequent application of 20% solution silver nitrate for several weeks. Cleansing douche with an alkaline solution, and spraying with an astringent oily spray. Results.—Tinnitus ceased. Hearing increased to thirty inches by the watch. In six weeks the cough entirely disappeared.

Case IV.—September, 1904. Rosie H., age 10. Complains that for the past two years has been troubled with a hacking cough more or less constant and always worse at night. Many cough mixtures from drug stores have been tried and several physicians have prescribed without relief. The father thinking the trouble may possibly be in the throat brought the child to be examined. Present State: The nose, pharynx and larynx appear normal. The uvula does not appear unduly long on inspecting the throat with the tongue depressor, however, by examining without depressing the tongue the soft palate is noted to hang low and the uvula elongated. This case demonstrates the necessity for in examining those obscure conditions in highly sensitive throats. Treatment: Removal of two-thirds of the uvula cured the cough.

Case V.—Mr. E. W , age 37, brought to me by Dr. Becker for examination and treatment of the nose. Complains of since over two years ago has been troubled with stopping up of the onset, particularly at night. Take frequent colds in the head. Annoyed by mucus dropping into the throat. For over a year has been troubled with a cough paroxysmal in character. The cough is especially annoying about bed time in the night and mornings. Of late the cough has been unusually annoying early in the evenings, especially when out in company. At times the paroxysm is so violent the patient is forced to retreat to out door air. Mr. W. has never sought relief for the cough, but has been treated for the nasal stenosis. Present State.—On the septum right naris a large spur projects impinging upon a hypertrophic inferior turbinate. In the left naris the upper third of the septum is thickened and blocks that part of the fossae not closed by the tumefied inferior turbinate. The pharynx is chromically inflamed. The larynx appears normal. Diagnosis.—Chronic hypertrophic rhinitis, and spurs on the septum. Treatment.—Removal of spurs and hypertrophies with intranasal saws and scissors. This treatment resulted in establishing free nasal respiration with gradual cessation of the cough.

All patients and many physicians believe that the cough symptoms should vanish immediately on establishing nasal respiration, overlooking the fact that the symptom no doubt in most instances is a long time in developing. However, the time for recovery usually takes days, weeks or months, depending upon the degree of irritation set up in the lower respiratory tract.

REPORT OF TWO CASES OF CANCER TREATED WITH TRYPSIN INJECTIONS AND LOTIO PANCREATIS LOCALLY.

ROBERT H. DAVIS, M. A., M. D.

ST. LOUIS.

Case I.—Mrs. F., age 47, came under my care April 26, 1906. History.—The cancer, which was of the rodent ulcer type, began about twelve years ago as a small papule situated at the hair line, immediately above the right eye. The papule remained quiescent for about one year, and then broke down, and grew slowly, for a second year before any treatment was instituted. Then it was treated locally by various physicians, for a period of three years, with no improvement. This was followed by about one year's local and general (tonic) treatment, also without improvement, the lesion slowly growing worse all the time. It extended chiefly down the forehead, and the edge had, by this time, reached the right eyebrow. She was now put on X-ray treatment, and followed this line of procedure faithfully under two competent physicians, successively, for a period of five years in all. The exposures were three times a week. The technique of them is unobtainable, but, as stated, they were given by experienced rayists. The cancer, however, continued to grow, and becoming discouraged, she discontinued treatment six months ago. After remaining at home about three months, with local dressings, tonics and anodynes as the measures employed, she came under my care, as stated, on April 26th of this year. Her condition then, both local and general, was very bad, and no permanent improvement could be hoped for. The lesion involved almost the entire right cheek, the upper two-thirds of the nose, the forehead on the right side, the scalp for about one inch beyond the hair line, and the inner half of the left eye. The right eye was entirely gone, the globe hanging as a small necrotic mass in the orbital cavity. The discharge was profuse and the odor very offensive. The patient had been confined to bed for almost a year, and was greatly emaciated. Her temperature, on April 26, was 100.6 deg. F., pulse 96 and very weak. All of the usual antiseptic solutions were reported as too painful, even in very weak solution, for local application, so, for several weeks previous to her admission to the hospital, only sterile water had been used locally. She was subject to frequent attacks of great pain, and slept consequently but little. Her appetite was poor, and attacks of vomiting frequent. The latter were probably due to the discharge running down the throat through a sinus that existed between the lesion and the posterior nares.

The patient was put on local applications, once daily, of lotio pancreatis 3ss, sterile water 3iss, on April 30th, and injections, once daily, of injectio trypsini gtts. v, sterile water gtts. v, on May 1st. The injections were at first made in the face, at various points near the edge of the lesion, but, after several weeks, this was discontinued, on the theory that absorption was poor in this locality. The injections were, thereafter, given in each arm alternately. The injection of the trypsin solution was preceded ten minutes by the injection of ten minims of 1% solution of eucain hydrochlorate. After the local application, above mentioned, the lesion was covered with a wet pack (2% borosal), and this alone was used at night. Injections were given daily to the present time (July 5th) except during the periods from May 8th to May 15th, May 19th to May 27th, and June 13th to June 20th, when difficulty was experienced in getting a supply of injectio trypsini. The injection was increased to ℞ injectio trypsini gtts vii, sterile water gtts. vii, on May 15th, and to ℞ injectio trypsini gtts. viii, sterile water gtts. viii, on May 30th; and finally to ℞ injectio trypsini gtts. x, sterile water gtts. x on June 20th, which dose has been since continued. The strength of the borosal solution was increased to 6% on May 10th, but this caused considerable pain, so so it was reduced to 4% on May 15th, and continued at this strength till May 24th, when a saturated solution (12½%) was first applied. This was, then, well borne, and was, accordingly, thereafter used. The strength of the lotio pancreatis application was increased to, ℞ Lotio pancreatis 3ss, sterile water 3i on May 22d, and this strength was used till July 1st, when, ℞ Lotio pancreatis, sterile water aa 3i, was applied, and has been since in use. From May 21st on, irrigation with sterile water alone was made each morning. This was followed by the application of the pancreatic solution, and the wound covered with a dry dressing. At night, this was removed, and a wet borosal pack applied, and covered with rubber tissue. The pack was moistened with borosal solution, of the strength indicated above, once during the night.

Internally, the patient was put on holadin grs. v. t.i.d., on April 29th. This was increased to ten grs. t.i.d. on May 6th, and continued at this for one week. It was then discontinued till May 28th, after which from 10 to 20 grs. were given daily, divided into two doses, one at 4 p.m., and one at bedtime. The morning dose was omitted, because of an occasional attack of nausea at that time. The patient was also put on various tonics, at different times, but all were discontinued after a few days' to a week's trial, as they seemed to occasion attacks of vomiting.

Results of treatment were as follows: (a) A decided decrease in the discharge after a few days; (b) a marked lessening of the fetor. This at times is entirely removed; (c) a great relief from pain, and a consequent ability to sleep, with improvement of the pulse, appetite and spirits; (d) the cancer remained practically stationary from the time of the commencement of the treatment until about June 26th. Since then it has slowly spread and deepened; (e) there has been no untoward symptom of any sort, either local or general, from the applications or injections. The amount of discharge of course, varies from day to day, but is, as stated, much less on the average, than before the treatment was instituted. There was, also, a decided increase of the fetor during those periods when the local trypsin applications were unobtainable. Occasional attacks of pain were controlled by ℞ Phenalgin grs. $2\frac{1}{2}$, morphine sulphate gr. $\frac{1}{8}$-$\frac{1}{4}$.

Case II.—Mrs. T., cancer of the peritoneum, the whole peritoneal surface being involved. This lady, a patient of Dr. E. W. Saunders, was also hopelessly ill when the treatment was first available, an amelioration of symptoms alone being hoped for. Local applications being impossible, trypsin injections, and holadin interally, alone were used. The trypsin injections were preceded ten minutes, as in the previous case, by an injection of 10 m. of a 1% solution of eucain hydrochlorate. The trypsin dose was 10 m. with sterile water 10 m. from the beginning. These injections were begun April 24th and continued until June 26th, a period of 63 days. During this time 56 injections were given. They were never given more frequently than once a day. Holadin grs. v, t.i.d., was given during this period, except for one or two short intermissions, necessitated either by the difficulty of obtaining the drug, or a transient objection of the patient to taking anything. The injections were discontinued on June 26th, as increasing weakness made giving them too great a strain on the patient's strength.

The results were: (a) decrease of pain; (b) no ill effects either local or general.

Pusey (Jour. A. M. A., June 9, 1906) reported a series of seven cases of inoperable carcinoma, and one inoperable, round celled sarcoma of the thigh, treated by this method. He had one apparent cure. In the other cases he believed appreciable harm was done, as either abscess resulted at the site of injection, or cachexia developed rapidly, or both these harmful effects were produced. None of these results occurred in the cases reported, and I believe Dr. Pusey's trouble was due to a too rapid increase of the amount of injection, or to setting the dose limit too high. In several instances he injected 60 m. daily. He does not give his technique in detail as to dilution of the injectio trypsini before administration. Both he and I used Fairchild's sterilized trypsin solution, with the commercial name of injectio trypsini.

In a subsequent case, now under treatment, I find that the preliminary injection of eucain is unnecessary.

It seems that the method carried out as above reported, is harmless, and affords considerable relief to the patient. Of course, with the present meagre evidence before us, it should be used only in inoperable cases, or in conjunction with the X-ray, and should, in no case, be relied upon as a means of cure where a radical operation is possible.

The salicylate of strontium is an intestinal antiseptic and anti-rheumatic, dose 10 to 15 grains.

New Building for Insane Hospital Opened.—The second new building at the North Texas Hospital for the Insane, Terrell, was opened June 28. The building is intended for white male patients exclusively, and will accommodate 250. The third additional building will be ready in a few weeks, and will furnish accommodations for 500 additional patients.

Health Pamphlet Issued by the Illinois State Board.—The Illinois State Board of Health has issued a new pamphlet, written on the same general lines as one published last summer, containing information on how to take care of the babies. Suggestions are given for the nursing mother, artificial feeding is fully discussed, and the advantages and disadvantages of the various infant foods are carefully considered. This pamphlet is issued for gratuitous distribution, and those who wish copies should apply to Dr. James A. Egan, secretary of the board, at Springfield, Ill.

SENILE ARTERIO-SCLEROSIS.

GEO. E. ROSENTHAL, M. D.

QUINCY, ILL.

SENILE ARTERIO-SCLEROSIS is a general systemic disease essentially chronic in character, producing a thickening of the artery wall with secondary changes therefrom in the tissues. Of the viscera, the heart, kidney and brain suffer the most profound impairment.

Etiology.—Broadly as to etiology we may safely include all toxic principles, both autochthonous and exogenous; the poisons of syphilis, of the eruptive fevers, the products of bacterial activity generally, of intoxications and auto-intoxications.

It is undoubted that hard, laborious occupations with attendant exposure are factors of the greatest importance in its development, when occurring in connection with some of the conditions above mentioned. In the twenty-two cases analyzed there were blacksmiths 4; farmers 6; carpenters 4; laborers 4; railway engineers 1; coal miners 2; painters 1. The average age was 71. The oldest individual was 84. The youngest was 56. These are all occupations demanding severe exertion continued over long intervals, pursuits in which the arduous labors developed great appetites for food, drink, tobacco, etc., and these were habitually satisfied to satiation, with certain attendant intoxications and auto-intoxications.

Those suffering from this arterial disease were in middle life almost invariably, large-boned muscular individuals fitted by nature for their occupations, and further developed by them. In their senility they find that they have outlived many of their less rugged companions.

Etiologic factors of senile sclerosis bear not directly, but indirectly upon this condition, they produce arterial neuro-muscular weakness, which permits dilatation of the artery wall. This is the condition which necessitates a compensatory arteritis.

When the system is saturated by toxines instead of the exact reciprocity between the supply of and the demand for the blood stream by means of a varying arterial lumen as required by the activities of the individual, the adjustment shows imperfections. The artery, after an exertion which has demanded the maximum of arterial pabulum, fails to contract promptly when the demand ceases, and after many repetitions a permanent dilatation results. This failure to resume a normal calibre is due to certain toxic principles afloat in the blood stream and influencing the nervous and muscular system of the blood vessel.

When we examine an individual suffering from sclerosis, we find on palpation that the nodules are more prominent distally than proximally in the extremities, and that this condition, beginning at or near the body where it is of a minor degree, grows progressively more grave until the artery branches for its final ramifications. Thus in the upper extremity the axillary artery may show a mere smoot fibrosis, the bracial exhibits minor prominences along its wall, while the radial is extravagantly beaded.

An artery is, in normal health, a thin-walled elastic tube containing a fluid of a specific gravity of 1040-1080. When such a tube is swung in an arc of a circle there is a longitudinal and transverse stretching, greatest at its distal end. In an individual performing manual labor the arteries of the extremities are swung through arcs of circles many times daily, and thereupon the above mentioned phenomena of longitudinal and transverse stretching occurs, the stress increasing in proportion to the distance from the trunk.

But with such distortion and increase in endo-arterial area there follows functionally a slowing of the blood stream, a stasis inimical to proper economy results, with organically an arterial rarefaction or thinning which predisposes to aneurism. This slowing of the blood stream is the exciting cause for the compensatory endarteritis. By this process (the endarteritis) the normal arterial area for the part is restored through the laying down of new tissue in the intima.

A year perhaps is consumed in the process, but now instead of the straight smoothly lined tube we are confronted with one which is much less perfect. Irregular masses of cells project from its walls into the lumen, causing cross and counter currents and throwing a greater burden upon the left heart which must undergo a compensatory hypertrophy to cope with its increasing labor. In this way compensation is twofold, intimal and cardiac. Eventually as the years go on the expansile artery of health becomes stiff and almost immovable, responding feebly or not at all to stimuli. Its walls are firm and inelastic, its coats are thickened, nodules of lime salts are deposited in its substances, it is incapable of responding to the many adjustments needed by the varying activities of the structures which it supplies.

The nervous governance is seriously impaired, whence comes the vertigo upon suddenly arising from a sitting or recumbent position, the cold extremities, the anginose pains, the dysbasias and dyspragias.

It is generally agreed that arterial sclerosis is a compensatory process, the artery is com-

pensated for its loss in mobility, elasticity and thickness by a building up its weakened wall. But the exigencies of circulation demand a rapid buttressing of the structure, a lower grade of tissue more prone to degeneration forms the arterial patchwork. The artery which needs compensation is never thereafter as strong in its resistance of tension, its resilience is diminished and its nutrition is impaired by obliteration and obstruction of its vasa vasorum.

The compenastion is against hemorrhage as well as aneurism. It is true that compensation is neither full nor absolute, for in the majority of individuals suffering from the sequelae of cerebral hemorrhage, the arteries are markedly sclerosed, but were it not for the sclerotic patchwork the average age for cerebral hemorrhage would be advanced some one or two decades and aneurism would not then be a comparatively rare manifestation. Furthermore, compensation does not invariably occur. We may have cardiac compensation without intimal, and then the consequences are most disastrous. Again we may have neither cardiac nor intimal compensation, which would make for an immediately grave prognosis.

Symptoms.—The sclerotic individual is usually emaciated, his skin falls in folds about his wasted muscles and prominent bony framework; his color is anemic; his head is bald, over the sunken temporal regicn we notice the temporal artery in its tortuous course, the cheeks are sunken also, and the pupils show the arcus seniles. The ocular bulb is comparatively prominent. In the upper extremity we notice the radial artery presenting from among the loose folds of redundant skin (the fatty areolar tissue having undergone almost complete absorption). The brachial artery is even more prominent because of its bolder course unflanked by osseous structure. Both brachial and radial exhibit considerable facility for lateral movement in their beds, a kind of subluxation, sometimes as much as half an inch of movement in each direction.

The back is stooped, the chest flattened anterio-posteriorly and the ribs, clavicle and scapula are startlingly prominent Frequently the emphysematous chest is noticed. The belly may be pendulous.

Aneurisms of the radial artery appeared in two cases of this series, as did varicose veins in two. Hypertrophy of the left heart is the rule.

The incidence of recent hernias is remarkable, this and the pendulous abdomen are merely other phases of the protean manifestation of arterio-sclerosis. The occurrence of hernia is due to the deficient nutrition supplied to the belly wall by the narrow lumen. Some one of the abdominal weak points under a tension which previously had been well resisted and sustained now gives way, allowing an abnormal breach in its continuity.

The presence or absence of symptoms in the senile sclerosis depends, we believe, upon the degree of compensation, intimal and cardiac. If complete we may have an almost symptomless malady (until cardiac compensation begins to fail). If faulty we may have any or all of the accredited manifestations.

Vertiginous attacks are a frequent and baffling symptom and are most aggravated on arising from bed. Some amelioration is obtained as the day advances until at evening it may be of very slight degree. The vertigo is a subjective one, and though violent the falls therefrom are infrequent, as the individual learns to suppport himself with his stick and by abduction of the thighs to form a wide base in walking and standing. A sudden descent in barometric pressure and electric potential (the invariable precursors of an approaching storm) intensifies the vertigo as it does the joint pains and paraesthesias of the disease.

Sensations variously described as tingling, as if the skin were being pricked by many needles are somewhat common, or a persistent and intolerable burning of the skin may exist. A patient will complain of a scalp which seems persistently on fire, applications of cold water affording but little relief. Another will tell that his feet are so hot that in severely cold weather the bed coverings must be removed to render sleep possible, though persistently cold extremities are the rule.

Formication is a common manifestation. Pruritus is not infrequent and may involve the surface of the entire body. Cramps of both upper and lower extremity, more frequently the latter, are of common occurrence and seem to bear no relation to the activity of the individual, for at times the sufferer will be awakened from a deep sleep by these painful muscular spasms. Persistent headaches and hemicranias occur, the pains may be described as tearing or rending, though the majority are less severe. Tinnitus aurium is another aggravating symptom, this subjective disorder may become a terrific roaring or explosive sound, likened to that made be escaping steam from a nearby locomotive.

Deafness was a complication in four cases. Persistent lameness is a very frequent symptom. Many of our cases which we diagnose as chronic muscular rheumatism are in reality manifestations of arterial sclerosis

the pain being due to the involvement of Paccinian corpuscles in the sclerosis or arterial spasm.

The symptom complex variously named intermittent claudication, dysbasia anigosclerotiac or dyspragia, has been fully exploited of late, and in this connection I will mention in passing a case in this series, of claudication of the lumbar muscles. The patient was quite comfortable when sitting or lying on his bed, but suffered excruciatingly after walking briskly for a few minutes, yet gaining complete relief by a temporary return to bed.

The renal symptoms are those of the sclerotic or contracted kidney, there is an increase in the frequency and quantity of urination. The urine is clear, of low specific gravity and albumen is rare in cases uncompilcated by cystitis and prostatitis, but it is the exception to find a normal prostate and bladder in these individuals. Casts will reward a patient research.

Constipation is frequent, but is attributable only in part to arterial disease, faulty mastication from defective teeth, a sedentary life and ingestion of small amounts of water are other factors. Chronic bronchitis may be the exciting cause for the late hernias, some degree of bronchial irritation appearing in each cases. This and asthma are the two most frequent respiratory complications.

Therapeutics.—The efficient therapy of arterio-sclerosis may be summed up in one word: Prophylaxis. When a man presents himself with arteries firm, tortuous and nodular, even the most hopeful and optimistic therapist will not promise to remove the nodosities. Though he may confront the gall-stone for its medicinal dissolution with amazing fortitude, the repair of the artery is more than he will assume.

Prophylaxis is accomplished by means of regular living, a sufficient dietary, no more; moderate indulgence in meats, the interdiction of alcohol and tobacco, mild and regular exercise, tepid bathing and abundant sleep.

In failing compensation the rational treatment must be rest in bed. The effect of vasodilators is nil in those cases exhibiting a lime infiltrated artery. The iodides, the nitrites and trinitrin are useless. Rest in bed, massage, and possibly the cautious administration of digitalis, its congeners, or nux vomica are our most efficient agents.

In early cases the vertigo will respond to nitroglycerin or a course of calomel at times gives good results.

For the paraesthesias and insomnia gradually increasing doses of the tincture of hyoscyamus, up to one-half dram daily serves well.

Large quantities of water should be ordered for these patients as they habitually take too little fluid.

We have noticed no benefit from the use of artificial blood sera, such as Trunecek's.

Diet in Arthritis Deformans.—Thompson (Med. Rec.) recommends forced feeding with a full diet of animal food, the fats predominating. The ordinary meals should be supplemented by two or three luncheons during the day. Biliousness can be prevented largely by the use of simple bitters before meals, dilute hydrochloric acid with nux vomica after meals, drinking much water and the occasional use of a cathartic. —Denver Medical Times.

Appendicitis Remedies.—The treatment here, as in ordinary cases of acute appendicitis, was simple but effective. Opium in any form is worse than useless, dangerous in so far as it masks symptoms and arrests intestinal activity. Hyoscyamine, gr. 1-250, and strychnine arsenate, gr.1-134, were given in a little hot water, and aloin, podophyllin and calomel, of each gr. 1-6, were given every thirty minutes till four doses were taken. The hyoscyamine and strychnine were repeated at hourly intervals till the pupil dilated and pain lessened, when the former was omitted, the latter being continued at two-hour intervals. One hour after the last dose of aloin, etc., a hot saline draught was given and in two hours another, the last dose being followed in a short time by a copious foul stool. Olive oil carrying five grains of papayotin to the ounce was now given every three hours and three pints of an alkaline antiseptic solution thrown into the colon with the tube, patient in knee-chest posture. The motions were passed into a bedpan, it not being deemed wise to allow the erect posture. Half-hourly, gr. 1-6 of calcium sulphide was exhibited from the first, and after the first stool, pupils being dilated, the hyoscyamine was dropped. A second stool bearing the concretons and plugs passed some hours later, and, as stated, the case was practically well from that time. Light hot applications were applied over the abdomen constantly. After the bowel had acted and palpation revealed the reduction of induration, small repeated doses of hydrastin and juglandin were given, every three hours, podophyllin gr. 1-67 being added to every other dose. Gentle massage with camphorated oil was made over the iliac region.—Am. Jour. Clinical Medicine.

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Public Health, R. B. H. Gradwohl, 522 Washington Ave

OFFICIAL TRANSACTIONS.

SCIENTIFIC PROGRAM.*

Dr. C. G. Wright presented a case of lymphangioma of the hand in a negro child. Family history was not obtained; physical examination showed well-nourished child; palpation and auscultation negative. Skin shows numerous small scars; inguinal lymph glands enlarged. There was multiple dactylitis of the right hand, the dorsal surface of the fingers being involved. The bones can be palpated in the mass, the enlargement being hard and nodular. The left hand is in good condition.

Diagnosis of lymphangioma was made. The condition has existed since birth.

DISCUSSION.

Dr. John Green, Jr., thought this was a very interesting condition. The condition of the eyes suggested struma. There is a phylctenular keratitis with some marginal trouble of the lids in this case. Yet he understood that the tuberculous nature of the condition was denied.

Dr. Horwitz asked whether specific treatment had been tried, the answer being that kalium iodid, had been given for the past two weeks, ever since patient entered the hospital.

Dr. Fruend asked if the condition was not syphilitic, what treatment should be instituted?

The essayist said that no treatment had been suggested as yet by Dr. Mook. Stelwagon in his text-book does not speak of the treatment of the condition.

Dr. Elbrecht said that the only treatment would be resection and cauterization, and that he did not feel justified in advising any such procedure.

COMPLETE PROLAPSUS UTERI.

Dr. O. H. Elbrecht presented a case of complete prolapsus uteri. Patient was a wash-woman. Family history negative. No acute diseases. Patient has had three children. Has had this prolapse for eighteen years past. Present state, pain and tenderness in groin. The uterus, with bladder protrude through the labia majora. The case was fully demonstrated by Dr. Elbrecht to the society.

DISCUSSION.

Dr. F. J. Taussig said that the question of therapy in these cases puzzling to the profession. The first thing to be considered is whether or not the patient will consent to an operation. If not, the cup and bell supporting pessary may be tried, but it is not usually successful. Another form of pessary that is not so well known is the Menge pessary which is a modification of the ordinary hard rubber ring with a stem which points outward. The main objection to the ordinary hard rubber ring is that it is easily expelled because it tilts. The idea of the bulb stem in the Menge pessary is to keep the round part transverse in the pelvis. The bulb end is short. He said that he has used this pessary with good results.

As regards the operative side of the case, Dr. Taussig said that he personally favored the operation of inverting the uterus in the vagina. If the tubes are resected, conception is prevented. By complete hysterectomy, the chance of cystocele forming must always be remembered. Furthermore, in such an operation the vagina is obliterated, which is objectionable in the married women. The danger of hernia likewise must not be overlooked.

Dr. Elbrecht said that the prolapsus did not bother this patient, except when she was working. He did not think use of pessaries practicable in women who have to do manual labor. They produce excoriations of the vagina. He said that he has yet to see a pessary that will last. They irritate and produce inflammation. He does not like the operation of inversion. He believed the ideal operation (which he will do tomorrow on this patient) is to remove the uterus by the abdominal route and sew the broad ligaments together. This gives the intestines something upon which to rest. This feature is accomplished in the Freund-Wertheim operation. Where the possibility of pregnancy cannot be excluded, it is not right to do this.

* Meeting May 17, 1906.

VENTRAL HERNIA WITH GANGRENOUS ULCERATION OVER SAC.

Dr. Coppedge presented a case of ventral hernia with gangrenous ulceration over a sac. The patient was a very fat subject, female. She acquired a hernia in the median line. An operation was performed for this condition a few months previous to the presentation. But the protrusion recurred. There are now three protruding areas. Each protrusion is about the size of an orange. The abdominal walls are very lax. There is a gangrenous ulcer over one side. Notice the large scar of the laparotomy which runs across the abdomen.

DISCUSSION.

Dr. Deutsch said that no operation would be justifiable on such a case. He had never seen such a large protrusion before. He thought the ulcer could be excised so as to prevent the death of the patient from gangrene.

Dr. Elbrecht stated that the patient's condition had improved since entering the hospital. The ulcer was healing. The operation that had previously been performed was the overlapping operation of Mayo, made in this case by Dr. Brown of the City Hospital. The speaker did not believe that any surgical procedure would avail at this time. He thought it would only be surgical exercise to attempt to repair the condition. He did not think that the ulcer should be healed by grafts, but rather preferred the method of healing by scar tissue, thus strengthening the abdominal walls.

SPINA BIFIDA.

Dr. Given Campbell presented a case of spina bifida. The patient is a girl of 12 years. Ever since birth she has been unable to use the lower extremities, bladder and rectum. This condition he stated was undoubtedly a meningo-myelocele, with projection of the lower part of the spinal cord into the tumor. Part of the nervous tissue was defective and produced the paralysis and the paralytic club-foot. This condition is always found where the spinal cord is in the tumor. The condition is more to be classed as a surgical disease than a neurological. The other limb in this case, being useless, was amputated. Sensation was not entirely absent.

INSULAR SCLEROSIS.

Dr. Campbell then presented a case of insular sclerosis. The patient was a woman of 28 years. The trouble began two years ago. The practical point to be deduced from the case is that where there is a nervous trouble of an organic nature in a person of this age, it is apt to be multiple sclerosis. Starr in his recent text-book says that out of 10,000 cases he only found this condition 27 times.

Dr. Campbell then presented another case which he was inclined to believe was also multiple sclerosis. The history of the first patient (age 28 years) was that she noticed a numbness four months ago. She cannot use the right hand in eating. The knee jerks are increased; Babinski reflex increased. The pupils react to light. Nystagmus is present. There were no signs of mental disturbance. The feet sometimes swell. She has a distinct nervous disturbance of the bladder. The ankle clonus present stamps the organic nature of the trouble. The essayist said that the most common diffuse organic condition that occurs in young women is multiple sclerosis. Among the symptoms are intention tremor, being a trembling in the hands when an individual attempts to perform some voluntary act that require precision. In this case there is a distinct jerk of the eye-ball. Among the important symptoms which this case show are spastic condition of the lower limb and the ankle clonus. If the condition were due to a specific trouble, there would be sluggishness to light reaction. Another important point found by Dr. Green who examined the case, in the two temporal halves of the optic discs, there was a tendency to atrophy which is symptomatic of multiple sclerosis. The speaker said that the condition is sometimes confounded with hysteria. When in doubt, he said that you are more apt to be right in calling it multiple sclerosis rather than hysteria. The other patient presented shows the phenomenon of "scanning speech," that is to say, an accentuation of words in talking much like one accentuates in scanning poetry. The intention tremor was very pronounced in the second case. The speaker believed the rest cure the best treatment. The salicylates, iron and quinine help some cases. The tendency of the disease, however, is to progress. Some patients hold their own for twenty years with this condition.

DISCUSSION.

Dr. John Green, Jr., stated that he had examined the eyes of the first patient presented last November. There were some suggestive symptoms of insular sclerosis. Her vision was good. The left pupil was larger than the right. The reaction to light was sharp. The visual fields were apparently quite normal.. He was only able to apply through finger tests at the time of

the examination at the hospital He said in the differential diagnosis between hysteria and multiple sclerosis, it is of great importance to get a careful estimation of the color fields There did not appear to be any true nystagmus, but towards the end of the lateral excursions to the right and to the left, there was a slight twitching It is characteristic of the nystagmus of multiple sclerosis—this condition being more marked than the physiological nystagmus. There was no ocular paralysis. Mobility was free in all directions. The patient never "saw double." The ophthalmoscope revealed pallor of the discs. The atrophy of multiple sclerosis is a post-neuritic atrophy. The speaker said that he was loath to ascribe the temporal pallor in this case of sclerosis because of the absence of other signs of persistent sclerosis. Dr. Green called attention to the fact that ocular examination is often of the greatest assistance in estimating easily the differential diagnosis between multiple sclerosis and hysteria. Last year Dr. Schwab and the speaker reported such a case. There was slight ocular atrophy. The fields were contracted in the usual way, not inverted. There was no evidence of tube-shaped fields. It is said that certain of these cases present eye symptoms years before the other symptoms of multiple sclerosis appear, and therefore it behooves the neurologist in any doubtful case to have the eyes examined.

Dr. Elbrecht in discussing the case of spina bifida presented by Dr. Given Campbell said that most of these cases die within the first week of life. Operation for their cure are not successful. In view of the high mortality of the operation, the doctor did not approve of operation. Dennis has reported 57 cases, 25 operated, 15 deaths, 7 recoveries, 3 recoveries with nc improvement. The doctor said that these cases often occur in bunches, he having seen four at the Female Hospital in six weeks. The contraindications for operation are involvement of the bladder, hydrocephalus, club-foot and marasmus. Deaths after operation occur from meningitis through infection. Another method used in the treatment of these cases is the injection of Norton's fluid, such as was formerly used in the treatment of hernia. This method has a mortality of 40%. It is not, therefore, proper to advise operation in cases of spina bifida.

Dr. B. C. Kern, former city physician at the City Hospital, St. Louis, has been appointed chief physician at the poorhouse to succeed Dr. John M. McKeage who has been appointed assistant chief physician at the same institution.

A CASE OF ANEURISM OF THE THORACIC AORTA WITH ULCER OF THE ESOPHAGUS AND PERIGASTRITIS.*

WM. H. RUSH, M. D.

ST. LOUIS.

The subject of this report, an American, a licensed night-watchman, 56 years old, presented himself at the medical clinic of the Washington University Hospital on September 6th, 1905, when I made the following notes:

The patient's mother died of typhoid fever; cause of father's death unknown. No disease of hereditary significance in the family. Chews tobacco; has not drunk alcoholics to excess.

The patient has had measles, pertussis, malaria, pneumonia twelve years ago (probably on the right side), influenza, gonorrhea and a chancroid. No chancre so far as known, and no secondary manifestations of syphilis remembered. Had suppurating glands in the neck nine years ago, excised by Dr. Dixon.

The present trouble began five days ago, with pain in the left side in the region of the pectoralis muscles. The pain is constant, is increased by a deep inspiration, by a cough or a sneeze, or by sudden elevation of the left arm. There is no pain in any other part of the body. There is dyspnea on exertion. The patient has had no chill, and, so far as he knows, no fever. Had a severe "cold" two weeks ago, with cough. The appetite is fair, no increase of pain after eating; bowels constipated. The patient has continued at work.

Physical Examination.—Tall, slenderly built, somewhat stooped, rather poorly nourished man. Teeth badly decayed, mouth foul with tobacco. Scar below the left ear and one at the angle of the jaw on the same side. Respiration sounds and percussion note normal over the entire lung surface. Pulse intermittent, apex beat felt in the fifth interspace one-half inch to the left of the mammary line. Cardiac dullness from the left border of the sternum to the line of the apex impulse. An occasional soft, blowing murmur, systolic, loudest at the apex, transmitted to the left. Liver dullness at the sixth rib. A walnut-sized gland in the left axilla, painful on pressure, not fluctuating, which the patient says appeared after infection of a wound in the left hand twelve months ago. No general glandular enlargement. Tenderness and extreme muscular rigidity in the epigastrium. Tenderness in the pectoralis major and over the intercostal mus-

*Meeting May 17, 1906.

cles in the affected region. Temperature 98 deg., pulse 72, respiration 24. The patient is advised to enter the hospital, but refuses.

September 9.—The pain in the thorax and pectoralis is diminished. The patient now complains of pain in the epigastrium, in the left hypochondrium and in the left anterior lumbar region. The tenderness in the epigastrium is increased, and now extends to the left hypochondrium. There is also a tender spot below the angle of the left scapula. The muscular rigidity renders satisfactory abdominal palpation impossible. Temperature 99 deg. He is again urged to enter the hospital, or to remain in the hospital a day for examination in narcosis, but refuses both.

The patient was not seen again at the clinic until March 20, 1906, when he was placed in the surgical ward by Dr. Dixon. He had failed greatly, and was now evidently desperately sick. His gait was unsteady, his face haggard, his voice weak, his respirations shallow and panting. He had lost sixteen pounds in weight in the last three months. He suffered with a constant, heavy, aching pain that extended from the epigastrium and sternum through to the back, under the left scapula. This pain had been present about one mouth and had grown worse daily. In addition to this there was a severe cutting pain in the stomach soon after eating solid food, which was first noticed three months previously. The pain under the scapula and behind the sternum increased with the stomach pain. The pains had destroyed the patient's rest at night, and had frequently been so severe as to require morphine.

The appetite had remained good, but the patient had refrained from eating solid food on account of the pain that followed. There was no nausea, and no belching except of gas, which brought relief. There had been no vomiting, except once, when the patient had taken some medicine said by his physician to have been intended to cause vomiting. The vomitus contained nothing apparently to suggest blood. The bowels had been constipated, stools never observed to be black. The patient complained of an inability to take a deep breath, and deep inspiration caused pain in the lower left thoracic and splenic region. There was no cough nor hoarseness. The patient had always had a "strong back" until about one month previously.

Stomach examination, at the request of Dr. Dixon.—Stomach fasting empty. Test meal of toast bread 35 grams, water 400 cubic centimeters, removed in one hour. Amount obtained, 75 cubic centimeters, well digested, no mucous, free hydrochloric acid 1.6%, total acid 1.8%. No blood (guaiac-turpentine test), nothing abnormal microscopically.

The patient was now turned over to the medical department and came again under my care.

The skin was ashen, not cachectic. Lungs normal to percussion and auscultation. Apex beat in the fifth interspace one inch inside the mammary line. No heart murmur, cardiac dullness from the left border of the sternum to within one inch of the mammary line. Liver dullness at the sixth rib. Two partially healed wounds of recent incision of glands in the left axilla, still discharging. Dorsal spine rigid, not irregular. Extreme tenderness in the entire epigastrium and in the left hypochondrium, point of greatest tenderness to the left of the median line about two inches below the ensiform cartilage. Marked tenderness to the left of the spinal column from the third to the ninth dorsal vertebra, slight tenderness also to the right on the same level. Pressure on the left lower anterior and lateral thoracic wall painful. Attempt at anteflexion of the dorsal spine causes pain from the left scapula through to the epigastrium. Purplish blotches or scars on the legs, white papery scars on the left knee.

Pupillary and patellar reflexes normal, pupils equal.

Urine.—Specific gravity 1020, trace of albumin, a few hyaline casts, no pus, no sugar.

Blood.—Hemoglobin 85%, red cells 4,850,000, leucocytes 14,400.

Stool.—Free from blood (guaiac-turpentine test) and mucous.

Temperature 100 deg., pulse 80, respiration 24.

The features of the case that impressed themselves most prominently upon the mind of the observer were the pains as described, increased by taking food, the tenderness over the entire area of the stomach, but greatest over a definite point below the ensiform cartilage, the tenderness inside of the left scapula, and lastly, fever. This, with the exception of hemorrhage, is as complete a picture of gastric ulcer with perigastritis as one could wish to see. To the perigastritis, I attributed the fever, the diffuse tenderness in the upper abdomen, the pain on pressure over the lower thoracic wall and the pain on bending the spine. The dyspnea I supposed was due to interference with the excursion of the diaphragm by the perigastritis.

Tenderness posteriorly is found in one-third of ulcer cases.* Usually the tender point is small and located to the left of the 10th to the 12th dorsal vertebra, rarely to the right. Occasionally, however, there is a more extended

* Boas, Magenkrankheiten. Pel. Handb. d. prakt. Med.

tender zone higher up, in the region of the 4th or 5th dorsal. Tuberculosis of the spine was thought of as a possible cause of the fever, the spinal rigidity and much of the pain of which this patient complained; but that could not explain the tenderness in the epigastrium or the pain after food.

Ulcus ventriculae then with perigastritis was the diagnosis to which I was driven. And though he was seen by several other physicians after he came into the medical ward, none of whom, however, examined him more than casually, no one considered seriously any other explanation of the patient's condition. He was accordingly put at once upon a strict ulcus regime. He was given absolute rest in bed, moist hot packs were placed on the epigastrium, and hot bottles on the side and under the shoulder for the relief of pain. At the suggestion of Dr. Fischel, the attempt was made to carry out a few days of rectal nourishment. But against this the patient rebelled absolutely, and he received then by mouth every two hours six ounces of milk, lukewarm. After two days, strained oatmeal gruel, or an egg beaten in milk, was substituted for the milk at part of the feedings, and the portions were increased from six to eight ounces. In view of possible syphilis, potassium iodide and mercury were administreed after a few days trial, and the iodide was rapidly increased to sixty grains three times daily. He received no other medication.

For about two weeks the patient made a remarkable improvement. The nourishment was cautiously increased in quantity, more semi-solid food was given and was followed by no pain. The pains in the shoulder and side were so diminished that they were entirely controlled by the hot bags. The patient slept fairly well, and complained chiefly of the confinement and of hunger. Again on April 7th, he complained of severe pain under the left shoulder-blade, without other unusual symptoms. Trusting that this would soon subside as before, I made no further examination. The next morning, after taking his food as usual, he was suddenly seized with hemorrhage, and in thirty minutes was dead. The blood was bright colored, frothy, free from food particles, about one-fourth litre in amount, manifestly from the lungs.

Of the post-mortem findings I will mention only those that have a direct bearing upon the case. The portion of the chest over the lower lobe of the left lung was dull on percussion. The stomach was greatly distended and filled with fluid. The fundus was connected with the spleen, and with the diaphragm posteriorly by rather recent, loose adhesions, and the superficial vessels of the stomach in the corresponding region were injected.

The heart was displaced to the right, the apex lying in the median line. The left pleural cavity was filled with blood, partially clotted. The lungs were both adherent at the apices, and the lower lobe of the left, also along the posterior border. This lobe contained considerable blood, and the tissue was soft and friable, especially in the portion opposite the sixth dorsal vertebra. The entire arch of the aorta and the thoracic aorta were atheromatous, and projecting from the outer curve of the arch and from the outer side of the upper part of the thoracic aorta was a group of several small sacculate aneurisms, the smallest no larger than a pea. The largest, very thin walled, about two inches long and irregularly cylindrical in shape, had ruptured into the left pleural cavity and into the left lung. The bodies of the fifth and sixth dorsal vertebrae were eroded irregularly to a depth of one centimeter.

The esophagus showed nothing abnormal externally, and the stomach nothing further than mentioned above. On opening the stomach, the contents were found to consist of dark groumous material, chiefly blood. There was no ulcer. In the esophagus, on a level with the upper and one of the smaller aneurisms was an irregular shallow ulcer about two centimeters in diameter, partly covered by a recent clot. The ulcer accounted for the blood in the stomach.

I must reproach myself for not having even thought of aneurism in connection with this case. I regret also that I did not have an X-ray examination made. This might have rendered evident the erosion of the vertebrae, and possibly revealed the aneurism itself. I thought of the X-ray in connection with a possible disease of the spine, but the conditions, all saving hemorrhage, pointed so clearly to ulcus, that this possible means of enlightenment dropped from my mind.

The aneurism was, of course, the cause of the pain and tenderness in the back, the pain in the thorax, and doubtless of some of the pain in the upper abdomen, possibly also of the dypsnea. The tenderness anteriorly and the pain after solid food, I think must have been due to the perigastritis. The perigastritis may have been caused by an inflammatory process originated by the aneurism through pressure, and which penetrated the diaphragm; or it may have been simply a local peritonitis of some other origin. Peritonitis localized in this region is not rare, and is sometimes very troublesome, and causes many symptoms noted in this case.

The ulcer in the esophagus, I think, caused none of the symptoms observed. It was probably due to pressure, and of recent origin, or else quiescent during the greater part of the patient's stay in the hospital. Otherwise blood would have been detected in the stools, which were examined repeatedly. The patient was evidently syphilitic.

My thanks are due to Dr Fischel, by whose kind permission I report this case.

A solution of salicylic acid (1 to 500) is useful as a gargle and mouth wash in diphtheria.

DR. LEO CAPLAN is spending the summer in Europe, he will spend some weeks with former friends in the Laryngologic clinics of Vienna.

DR. AND MRS. W. G. MOORE are spending August in lower Canada, they will visit New York and neighboring cities before returning to St. Louis.

DR. J. L. GREENE, formerly Superintendent of the Nebraska State Hospital for the Insane at Lincoln, has resigned and will assume charge of the Central Illinois Hospital for Insane at Kankakee.

FIGHTING THE MOSQUITO.—Dr. Samuel G. Dixon, Commissioner of Health of Pennsylvania, has been for some time exploring the State for the breeding places of the mosquito, and has now issued orders for the drainage or oiling of all such collections of water.

ACCORDING to a recent monthly report of the board of health of the Philippine Islands, the number of lepers now living in the archipelago is 3,683. They are scattered through the various provinces. Cebu, which has 675, heads the list, but only one province is wholly free from the disease.

PITTSBURGH'S WATER SUPPLY.—The city government of Pittsburgh is finding it necessary to issue a circular warning the people not to use any water in an unboiled state on account of the impure condition of the water supplied by the city and the various companies. Typhoid fever is on the increase.

THE University of Giessen completes, in 1907, the three-hundredth year of its existence, says a contemporary. The University of Leipsic is arranging a celebration for 1909 of its five hundredth anniversary. The University of Liepsic was founded by secession of several thousand students, December 14, 1409, from the flourishing University at Prague.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

A New Departure in the Health Department.

THE inauguration of a special clinic on contagious diseases at the City Dispensary is a recently effected change which will work to the advantage of the community. This clinic is to be primarily a tuberculosis clinic, the name chosen being less specific since among the class of patients for which it has been established many would refuse to submit themselves did the name suggest the suspected disease. Dr. L. M. Warfield has been put in charge of this clinic, and will give the unfortunates the benefit of the best modern methods of examination and treatment. Chief Dispensary Physician Scherck and Dr. Warfield are enthusiasts over the new venture, and solicit the co-operation of the profession that the many neglected cases of tuberculosis in the city may be placed under proper supervision. The clinic hours (7 to 10 a.m., 4 to 6 and 7 to 8 p.m.) are admirably arranged for the accommodation of the poorer classes, for whose benefit the clinic has been established. It is hoped presently to establish in conjunction with the clinic a day sanatorium, where patients may spend their days, receiving proper hygienic, dietetic and therapeutic attention and such instruction as will make their return home for nights harmless to themselves and their families.

Another feature of the clinic has been the transfer of the antitoxin squad to its supervision. Hereafter patients needing antitoxin who are unable to pay for the same will receive it on application from the attending physician; a dispensary physician will administer the antitoxin and work in conjunction with the attending physician, retiring from the case as soon as the antitoxin has been effectively used.

These are changes which must needs be appreciated by physicians and those interested in charitable effort. It is believed that the clinic will be of tremendous advantage to the poor, and that, as its scope is broadened, it will become one of the strongest of our municipal institutions for the public good.

Medical Association of the Southwest.

PRELIMINARY steps were taken at a meeting of State delegates, called by Dr. Jabez N. Jackson, in Kansas City, on July 16, for the organization of a society to be known as the Medical Association of the Southwest, comprising the states of Missouri, Kansas, Arkansas, Oklahoma and Texas. It is the purpose of its founders to unify the profession of this section by forming a strong society, similar to the Mississippi Valley Society, in the Central States and the Missouri Valley Society in the Northwest. The first meeting will be held in Oklahoma City in October. Dr. F. J. Lutz, of St. Louis, was chosen temporary chairman, and Dr. F. H. Clark, El Reno, Secretary.

Reading in Bed.

ONE of the best somnifacients yet discovered is the practice of reading in bed. With a pillow of a size to raise the shoulders somewhat, a light falling, not on the face, but on the page, a book so light as to be supported without fatigue and subject matter which neither necessitates study nor is exciting—an almost dull novel for example—will insure sleep within half an hour in many cases which resist medicinal measures to that end. Properly conducted reading in bed is not harmful, but harm comes from not seeing that all the above conditions are met.

The Penalty of Fame.

SINCE history began it has been held before the youth of all nations that eminence is a most worthy ambition, and that all should seek to attain it, as they doubtless should. A side of the picture not illumined is the penalty of greatness as developed subsequent to the exit of an actor who has assumed an important role.

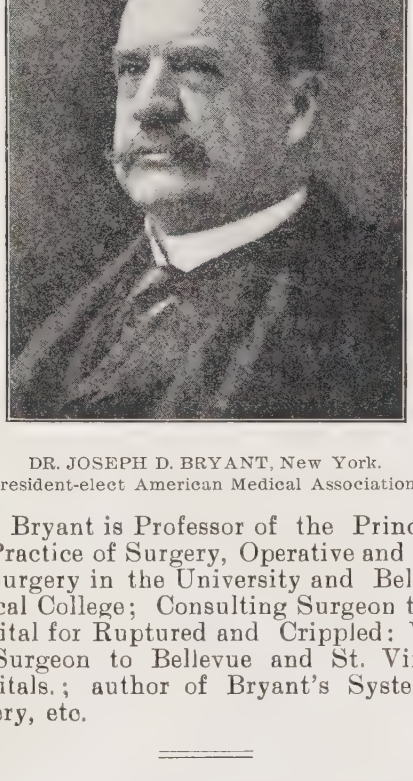
It would seem that he who would earn fame and who succeeds in this ambition lays himself liable to being considered by a later generation a victim of some phase of insanity. It is difficult to reconcile the opinions established in us in our school days with these later ideas that our heroes have become mad men in a greater or less degree. It is very easy to see that almost any of our fellows has some aberation from what appears to us as the normal. Each one of us is peculiar in his own peculiar way. We may succeed in going to earthly oblivion without having gained a degree of prominence that will leave out defects as a matter of history. But he who gains eminence in statecraft, art, science or in any walk leaves for the elaboration of future generations all his major and minor personal traits.

They tell us that Martin Luther had hallucinations; Peter the Great and Napoleon I. were both epileptics, as was Julius Caesar; Raphael was afflicted with suicidal mania; Richelieu on occasions imagined himself a horse; Decartes was followed by a specter; Cromwell was a hypochondriac and had visions; J. J. Rosseau was a melancholy madman; Swedenborg imagined that he went to heaven on a white horse; Mohammed was an epileptic; Dean Swift was partially insane by inheritance; Shelley had hallucinations; Charles Lamb and his sister were both victims of insanity; Coleridge was a morbid maniac; Milton was of morbid temperament, modern ideas of hell being formed by his descriptions of a diseased imagination. Joan of Arc, in the twentieth century, would never have had an opportunity to save France; she would have been confined that France might be safe.

Even our revolutionary statesmen are being subjected to a latter day diagnosis, and their symptoms are classified, and the exact degree of their insanity is being firmly established. The same is true of earlier American men of science and art. With modern means of diagnosis it is no longer taking a century to make a diagnosis, and we may live to see the fact determined while the unfortunate is yet alive, though this is hardly to be expected in our generation.

We may regret having our idols shattered; we confess to a liking of the belief that the heroes of the middle ages did what they did from normal motives and with normal minds, but if it must be that they were irresponsible in a degree, and the victims of circumstances, let us know the worst. A fortunate Providence and a mass of plodders who have left no record for diagnostication, have brought a pretty good world to the twentieth century, and the same will continue.

SOCIETY PROCEEDINGS



DR. JOSEPH D. BRYANT, New York.
President-elect American Medical Association.

Dr. Bryant is Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery in the University and Bellevue Medical College; Consulting Surgeon to the Hospital for Ruptured and Crippled: Visiting Surgeon to Bellevue and St. Vincent Hospitals.; author of Bryant's System of Surgery, etc.

THE TORONTO MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The preliminary program for the meeting of the British Medical Association, which will convene in Toronto, August 21st to 25th, has lately been issued and promises, as we suggested in an earlier issue, a scientific opportunity to be missed with regret. The officers of the association are: President, George Cooper Franklin, F.R.C.S., of Leicester; president-elect, Dr. Richard Andrews Reeve, Dean of the Faculty of Medicine, Toronto. The Address in Medicine will be delivered by Sir James Barr, M.D., F.R.C.P., F.R.S.E.; that in Surgery by Sir Victor Horsley, M.B., F.R.C.S., F.R.S.; and that in Obstetrics by Walter Spencer Anderson Griffith, M. D., F.R.C.P. There will be thirteen sections, as follows:

ANATOMY.

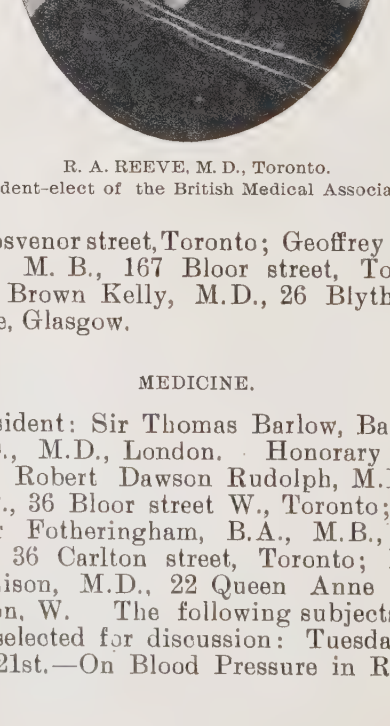
President: Professor Arthur Robinson, M. D., Birmingham. Honorary Secretaries: Charles Buckingham Shuttleworth, M. D. C.M., F.R.C.S., 45 Bloor street E., Toronto; Gavin Shaw Cleland, M. B., M. D., C. M., 730 Queen street E., Toronto; J. Herbert Sanders, M.D., 1a, Palace Gardens Mansions, London.

DERMATOLOGY.

President: Norman Walker, M.D., Edinburgh. Honorary Secretaries: David King Smith, M. B., 311 Jarvis street, Toronto; Donald Macgillivray, M. B., 12 Carlton street, Toronto; John Campbell Rankin, M. B, 38 University Road, Belfast.

LARYNGOLOGY AND OTOLOGY.

President: J. Dundas Grant, M.D., London. Honorary Secretaries: David James Gibb Wishart B.A., M.D., C.M., L.R.C.P.,



R. A. REEVE, M. D., Toronto.
President-elect of the British Medical Association.

47 Grosvenor street, Toronto; Geoffrey Boyd, B. A., M. B., 167 Bloor street, Toronto; Adam Brown Kelly, M.D., 26 Blythswood Square, Glasgow.

MEDICINE.

President: Sir Thomas Barlow, Bart., K. C.V.O., M.D., London. Honorary Secretaries: Robert Dawson Rudolph, M.D., M. R.C.P., 36 Bloor street W., Toronto; John Taylor Fotheringham, B.A., M.B., M.D., C.M., 36 Carlton street, Toronto; Robert Hutchison, M.D., 22 Queen Anne street, London, W. The following subjects have been selected for discussion: Tuesday, August 21st.—On Blood Pressure in Relatio

to Disease. The subject will be treated under the following headings: (a) Physiological Introduction, by Dr. Percy M. Dawson (Baltimore). (b) Clinical Methods of Investigating Blood Pressure, by Dr. G. A. Gibson (Edinburgh). (c) Pathology and Therapeutics of Morbid Blood Pressure, by Sir Wm. Broadbent. (d) The Relation of Blood Pressure to Arterial Sclerosis, by Professor Clifford Allbutt. The following will also take part: Dr. Mackenzie (Burnley), Sir James Barr, Dr. Theodore Janenway (New York), Dr. Rudolf (Toronto), and others. Wednesday, August 22d.—A joint discussion with the Physiology Section on Over-nutrition and Under-nutrition, with special reference to Proteid Metabolism, to be opened by Professor Chittenden (Yale). Thursday, August 23d.—Papers on Heart Block, by Dr. Mackenize (Burnley), Dr. G. A. Gibson, Dr. Erlanger, Professor Osler, and others.

OBSTETRICS AND GYNECOLOGY.

President: A. H. Freeland Barbour, M.D., Edinburgh. Honorary Secretaries: Frederick Fenton, M.D., C.M., 75 Bloor street E., Toronto; Kennedy Crawford McIlwraith, M. B., 54 Avenue Road, Toronto; Cuthbert Lockyear, M. D., 117a Harley street, London, W.

It has been arranged that on August 21st, 22d and 23d the first part of the meeting be devoted to a discussion on the following subjects: Tuesday, August 21st.—Hyperemesis Gravidarum. Wednesday, August 22d.—The Changes in Uterine Fibroids after the Menopause, with Special Reference to Operation. Thursday, August 23d.—The Appendix Vermiformis in Relation to Pelvic Inflammation. Friday, August 24th.—Papers, etc. Dr. J. C. Cameron, of Montreal, will introduce the discussion on August 21st; Dr. Charles A.

DR. C. A. L. REED, of Cincinnati,
who will open the discussion on "Uterine Fibroids."

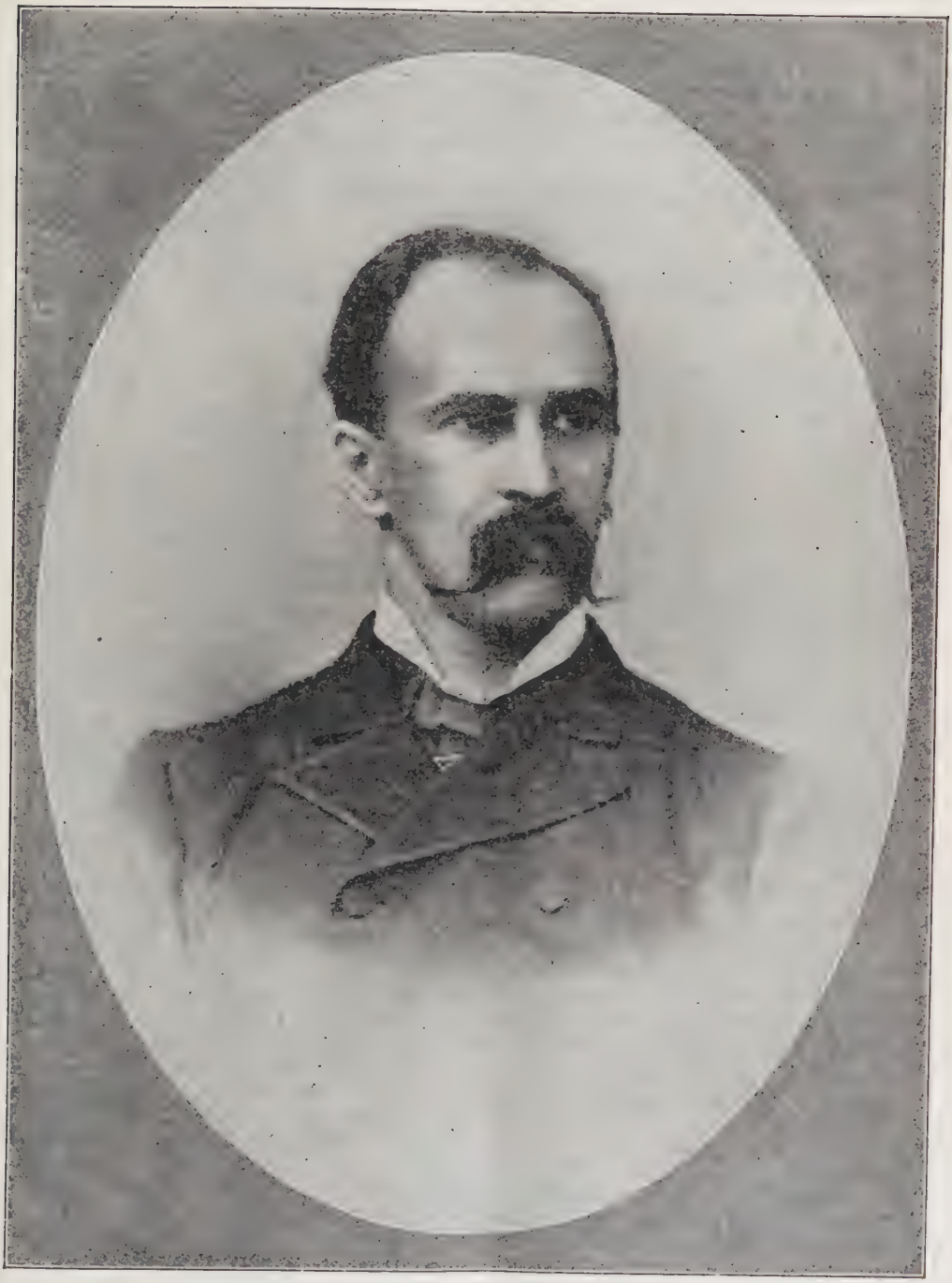
L. Reed will probably introduce that on August 22d, and Dr. T. Arthur Helme will introduce that on August 23d.

OPHTHALMOLOGY.

President: Robert Marcus Gunn, F.R.C.S., London. Honorary Secretaries: James Metcalf MacCallum, B.A., M.D., C.M., Toronto; Duncan Neil McLennan, M.D., C.M., 126 Bloor street W., Toronto; Frank P. S. Cresswell, F.R.C.S., B.Sc., 24 Windsor Place, Cardiff.

The subjects which have been chosen for discussion are: Tuesday, August 21st.—Rare Forms of Choroiditis. To be opened by Mr. J.B. Lawford (London). The following will also take part: Dr. Hill Griffith (Manchester), Dr. H. Knapp (New York), and Dr. C. Bull (New York). Wednesday, August 22d.—Sympathetic Ophthalmia. To be opened by Dr. G. H. Burnham (Toronto). The following will also take part: Mr. Arnold Lawson (London) and Dr. J. W. Stirling (Montreal). Thursday, August 23d.—Affections of the Lachrymal Passages. To be opened by Dr. Desjardines (Montreal). The following will take part in the discussion: Dr. Risley (Philadelphia) and Dr. Theobald (Baltimore). Friday, August 24th.—Visual Tests for Public Services. (a) Marine and Railroad Services. To be opened by Dr. T. H. Bickerton (Liverpool). Dr. Williams, Jr., (Boston), Dr. Thompson, Sr. (Philadelphia), and Dr. Allport (Chicago) will also take part.

DR. C. H. HUGHES, of St. Louis,
who has been invited to take part in the Psychological Section.



PROF. WM. OSLER, Oxford (late of Johns Hopkins, Baltimore).

(b) Military Services. To be opened by Mr. Arnold Lawson (London).

PEDIATRICS.

President: George Alexander Sutherland, M.D., London. Honorary Secretaries: Edward Stanley Ryerson, M.D., C.M., 261 College street, Toronto; Joseph S. A. Graham, M.B., 102 College street, Toronto; Ralph Vincent, M.D., 1 Harley street, London, W.

The section will meet on Tuesday, Wednesday, Thursday and Friday (August 21st, 22d, 23d and 24th), at 9:30 a. m., adjourning at 12:30 p.m. each day. The following preliminary arrangements have been made: A discussion on Congenital Pyloric Stenosis. The medical aspects of the subject will be introduced by Dr. Edmund Cautley (London), and the surgical aspects will be introduced by Mr. Harold J. Stiles (Edinburgh). A discussion on Pneumococcal Infection. The medical aspects of the subject will be introduced by Dr. Henry Ashby (Manchester).

PROF. CLIFFORD ALLBUTT, Cambridge.

A Clinical Demonstration of interesting cases in one of the Toronto hospitals will be arranged.

PATHOLOGY AND BACTERIOLOGY.

President: Professor J. G. Adami, M.D., F.R.S., Montreal. Honorary Secretaries: Gideon Silverthorn, M.B., M.D., C.M., 266 College street, Toronto; Harold C. Parsons, B.A., M.D., C.M., 72 Bloor street W., Toronto; Frank George Bushnell, M.D., Sussex County Hospital, Brighton.

The following preliminary arrangements have been made: Tuesday.—On Nuclear Pathology and Physiology, to be opened by Professor Adami and Dr. McCallum, and followed by Dr. Gustav Mann (Oxford), Professor E. Wace Carlier (Birmingham), Professor A. S. F. Grunbaum (Leeds), and Dr. H. E. Roaf (Liverpool). Wednesday.—Etiology and Life-history of Malignant New Growths. To be opened by Professor H. R. Gaylord (Buffalo); Professor Clowes (Buffalo) and Drs. Buxton and Beebie (New York), Professor G. Sims Woodhead (Cambridge), Professor A. S. F. Grunbaum (Leeds), Dr. Robert Muir (Glasgow) and others are expected to take part in the discussion. Thursday.—The Forms of Arteriosclerosis, their Classification and Experimental Production. To be opened by Professor W. H. Welch (Johns Hopkins University, Baltimore), Dr. Klotz (Montreal), and Dr. J. J. MacKenzie (Toronto); and followed by Professor L. Aschoff (Freiburg), Professor Leith (Birmingham), Professor Clifford Allbutt (Cambridge), Professor W. Osler (Oxford), Professor Adami (Montreal), Dr. Pearce (Albany), and Dr. Robert Muir (Glasgow). Friday.—Papers upon Pathogenic Protozoa: by Dr. F. W. Mott (London), Acute and Chronic Changes in the Nervous System produced by Trypanosoma Infections; Professor F. E. Novy (Ann Arbor), On the Nature of Spirochaetes and the Prevention and Cure of Relapsing Fever, with lantern demonstrations; and Dr. J. Ballah (Montreal), On the Life History and Cultivations of Certain Pathogenic Protozoa.

SIR. WM. BROADBENT, London.

PHYSIOLOGY.

President: Professor Wm. Dobinson Halibuton, M.D., F.S.R., London. Honorary Secretaries: Herbert E. Roaf, M.D., The Bio Chemical Department, The University, Liverpool; Gustav Mann, M.D., 25 Beechcroft Road, Oxford.

A large number of prominent American physiologists have accepted invitations to attend, and British physiologists will thus have the opportunity of making the personal acquaintance of their Amercian colleagues. Several French physiologists have also signified their intention to be present, and it is hoped that other foreigners may also accept the invitations sent to them. A joint discussion on the Role of the Nucleus in Nutrition with the Section of Pathology has been arranged, and another joint discussion with the Section of Medicine will also take place, the subject being Over-nutrition and Under-nutrition, with special relation to Proteid Metabolism in Heatlh and Disease. This will be opened by Professor Chittenden.

PSYCHOLOGY.

President: Wm. Julius Mickle, M. D., London. Honorary Secretaries: Alfred Thomas Hobbs, M.D., Guelph, Ontario; Goldwin Howland, B.A., M.B., 540 Spadina Avenue, Toronto; John Turner, M.B., Essex County Asylum, Brentwood.

The following subjects have been selected for special discussion in the Section of Psychology: General Paralysis. Epilepsy. Dementia Praecox. Psychology and Medicine.

STATE MEDICINE.

President: Frederick Montizambert, D. S. PO., F.R.C.S.E., D.C.L., M.D, Ottawa. Honorary Secretaries: Joseph D. Page, M. D., Quebec; F. G. E. Pearson, M.D., Brantford, Ontario; Edward Sergent, L.R.C.P., County Offices, Preston; Arthur A. Mussen, M.D., Municipal Offices, Liverpool.

The following special subjects have been suggested for discussion: Protection and Control of Milk Supply. Prevention of Tuberculosis. Training and Supervision of Midwives. Notification of Phthisis. Provision and Administration of Isolation Hospitals. Isolation Hospitals and "Return" Cases. Medical Inspection of Children attending Elementary Schools. Quarantine and Inspection of Shipping. Medical Examination of Immigrants. Supply of "Water Gas" and Dangers of Carbon Monoxide Poisoning.

SURGERY.

President: Sir Hector Clare Cameron, M. D., Professor of Clinical Surgery, Glasgow. Honorary Secretaries: Harry A. Beatty, M. B., 207 Simcoe Street, Toronto; Frederick William Marlow, M.D., C.M., F.R.C.S., 699 Spadina Avenue, Toronto; Sinclaire White, F.R.C.S., Rannoor, Sheffield.

Arrangements have been made for special discussions on the following subjects: The Surgical Treatment of Ascites Secondary to Chronic Hepatitis. Prostatectomy. Duodenal Ulcer. Peritonitis.

THERAPEUTICS.

President: Donald MacAlister, M.D., Cambridge. Honorary Secretaries: Velyien E. Henderson, M.A., M.B., University of Toronto; Charles Potter Lusk, M.D., C.M., 99 Bloor street W., Toronto; E. R. Morton, M. D., 22 Queen Anne street, London, W.

The following subjects have been selected for discussion: Tuesday, August 21st.—The Kidney, its Pharmacology and Therapeutics. Wednesday, August 22d.—Serumtherapy. Thursday, August 23d.—Joint Sessions with the Section of Medicine on the subject of Heart-block. Friday, August 24th.—The Place of Materia Medica and Therapeutics in the Medical Curriculum. The Secretaries will be glad to receive specimens, drawings, tracings, or preparations for exhibition during the session.

HONORARY LOCAL SECRETARIES.

Frederic Newton Gisborne Starr, M.B., Medical Building, Toronto. Professor John Joseph Mackenzie, B.A., M.B., Medical Building, Toronto. David James Gibb Wishart, B.A., M.D., L.R.C.P., Medical Building Toronto.

TORONTO ARRANGEMENTS COMMITTEE.

Dr. Geo. A. Bingham, 68 Isabelle street, Toronto. Dr. C. J. C. O. Hastings, 258 Wellesley street, Toronto. Dr. A. A. Macdonald, 341 Bloor street West, Toronto. Professor J. J. Mackenzie, Medical Laboratories Toronto. Dr. Alex. McPhedran, 151 Bloor street West, Toronto. Dr. R. A. Reeve, President-elect, 48 Bloor street E., Toronto. Dr. F. N. G. Starr, 112 College street, Toronto. Dr. J. Algernon Temple, 333 Bloor street W., Toronto. Dr. D. J. Gibb Wishart, 47 Grosvenor street, Toronto.

THE LOCAL DELEGATION.

Arrangements have been made for the party from St. Louis for through service from this city to Toronto over the Illinois Central and Grand Trunk systems. Those who took this route to the recent meeting of the A. M. A. will appreciate the wisdom of its selection. A rate of $21.60 with a return limit of fifteen days is made from August 1st to September 1st, giving ample time for the many side trips which will be offered. Reservations may be made through the editor of the FORTNIGHTLY or at the office of the Illinois Central, 707 Olive St., St. Louis.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph post-office as second-class matter.

The Medical Fortnightly will not be discontinued at expiration of subscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MELANGE.

Iodised phenol has been used with success in the treatment of ringworm of the scalp and body.

CHICAGO'S HEALTH AND THE DRAINAGE CANAL.—The health department of the City of Chicago estimates that the establishment of the superior drainage system by means of the celebrated drainage channel flowing into the Misisssippi river current, and which has been in operation for the past six years, has saved in the time mentioned upward of 5,000 lives in the municipality. The statement is based upon the mortality from impure water diseases for a period of four years preceding the opening of the drainage canal and for the six years since that event.

YELLOW FEVER IN CENTRAL AMERICA.—News reports received at New Orleans state that yellow fever is spreading in Central America. A letter from Livingston, Gautemala, says that the fever is raging in that section in a virulent form, and is spreading into the interior along the Gautemalan Northern railroad. The spread of the fever has caused a number of American banana planters to suffer financial losses on account of a lack of labor, many of their employes being stricken. New Orleans is maintaining a most rigid quarantine against all tropical countries, and there is no danger of the infection reaching the United States through the mouth of the Mississippi river. Fruit ships from Central America are stopped at the quarantine station, and the vessels fumigated before being allowed to come up to the city. None of the crews of ships in the Central American trade have been permitted to enter Louisiana since the quarantine was put on.

OVER ONE MILLION IMMIGRANTS IN ONE YEAR.—Strange peoples are coming to America these days and the promise to bring us new problems and to engraft new characteristics on us as a nation. Figures of the Immigration Bureau show that the immigration to this country during the fiscal year ending June 30 last, was 73,574 greater than it was during the fiscal year of 1905. The immigration during the past year aggregated 1,100,073, against 1,026,499 for the previous year. It is notable that the class of immigrants was not so high as in many previous years, most of them coming from Austria-Hungary, Russia and Italy. During the year just passed 12,433 persons were debarred for various causes, principally disease of some sort. During the year seventeen aliens imported for immoral purposes were arrested and deported. Commissioner Sargent says every effort is being made to break up the "white slave traffic."

CHINESE FOODS AND THE PURE FOOD LAW.—It appears that the recently enacted pure food law is going to disturb a lot of people who have developed a taste for foreign "delicacies," such as come to us from Spain, Germany and China. The Chinese will feel this especially. They import all sorts of strange things that have never been seen by a government inspector. It is not known whether it is intended to stop the importation of birds' nest soup and sharks' fins, or whether the ingredients for chop suey will all hereafter have to come from Chicago. It is known that the Chinese do a large trade in the imported duck eggs, some of them fifty years old—the older the better for real epicures. The real thing in duck eggs comes put up in a curious pitch and felt sort of packing. They are consumed solely in Chinese restaurants. But the food inspectors at the ports of entry claim that there is another brand of preserved eggs from China, largely doctored with boric acid and sold to bakers and confectioners. The trade in these has been stopped already, and it is not known whether the more ancient brand will be interdicted too. The harmless Li Che nut will not come under the ban, as that is a simon-pure article and does not need any doctoring, and can not be made any worse than it naturally is.

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MEDICAL ASSOCIATION OF THE SOUTHWEST.

When the State associations of Missouri, Texas, Kansas, Arkansas, Oklahoma and Indian Territory met this summer, each one endorsed a movement looking toward the consummation of the idea expressed at a late meeting of the American Medical Association, which was to divide the United States into groups or districts and organize in each a district association which would stand in the relation of an ally to the A. M. A. Each state appointed a committee of five to act on this committee. Monday, July 16th, at 10 a.m., the committee met in parlor S, Midland Hotel, Kansas City and organized by electing Dr. F. J. Lutz, of St. Louis, temporary chairman, and Dr. F. H. Clark, of El Reno, Okla., temporary secretary. A lengthy discussion regarding the necessity for such an organization was taken part in by every one present.

The following members were present: Drs. J. E. Gilcreest, Gainesville, Tex.; T. E. Holland, Hot Springs, Ark.; J. A. Lightfoot, Texarkana, Ark.; J. B. Bolton, Eureka Springs, Ark.; C. E. Bowers, Wichita, Kas.; Geo. M. Gray, Kansas City, Kas.; M. F. Jarrett, Fort Scott, Kas.; H. L. Alkire, Topeka, Kas.; Frank J. Lutz, St. Louis, Mo.; Chas. Wood Fassett, St. Joseph, Mo.; Jabez N. Jackson, Kansas City, Mo.; B. F. Fortner, Vinita, Ind. Ter.; A. L. Blesh, Guthrie, Okla.; and F. H. Clark, El Reno, Okla.

A large amount of routine business was attended to, the name chosen being "The Medical Association of the Southwest." The meeting is to be an annual one, to be held in the fall, and the initial meeting at Oklahoma City early in October. The exact date is to be fixed as soon as possible. The Committee on Constitution, which consists of Drs. Jackson, Bowers, Gilcreest, Lightfoot and Blesh, were instructed to draw up declaration of principles to be presented to the committee and a constitution to be presented to the general meeting of the association. The following is the declaration:

To the Medical Profession of the Southwest:

By virtue of the authority delegated to us by our several state associations, to consider the advisability of the organization of a medical association of the Southwest and to define its purposes, scope and sphere of action, we your committee in pursuance of such instruction, this day met, and beg leave to submit the following conclusions: that the time is now opportune for the formation of a medical association of the Southwest, and respectfully urge that in consideration of the fact that in the territory comprised by the states of Missouri, Kansas, Arkansas, Oklahoma, Indian Territory and Texas are engaged in the active practice of the profession of medicine, between 15,000 and 20,000 of as bright and intelligent physicians as can be found anywhere; who, because of the natural limitations of the state association on the one hand and the magnitude of the American Medical Association on the other, lack the proper opportunity for the full development of their powers, that the formation of an association of the above mentioned states will materially aid in developing this latent talent, and thus advance the standard of scientific medicine in the whole Nation.

We believe that the membership of this association should be limited to those members of the profession who are in good standing in their respective state associations.

We believe that an association of this kind will satisfactorily fill the present existing hiatus between the state association on the one hand and the A. M. A. on the other, occupying a field peculiarly its own, adding increased effectiveness to the work of the one and at the same time training talent to adorn the other.

We would respectfully call the attention of the profession of the great Southwest to the fact that this step is in harmony with the idea expressed

at the late meeting of the A. M. A., and in its constitution (Sec. 7) of di viding the United States into districts,so as to make its work more effective and more truly representative of the whole body of the profession of the United States.

We would especially call the attention of the profession to the fact that this association is not to be organized in opposition to, but rather in harmony with all existing regular associations.

We recommend that the name of this organization be The Medical Association of the Southwest.

We invite the careful consideration of the medical profession of the states above mentioned, to the reasons given herein, and if they meet with their approval, extend a cordial invitation to them to join with us in making this, as it of right should be, one of the strongest working medical bodies in the United States.

A. L. BLESH,
JABEZ N. JACKSON,
J. A. LIGHTFOOT,
J. E. GILCREEST,
C. E. BOWERS
Committee.

After the adoption of the Declaration of Principles, which was unanimous, the committee completed the temporary organization by electing Drs. J. T. Wilson, Sherman, Tex.; Marion King, Texarkana, Ark.; P. S. Mitchell, Iola, Kas., and C. S. Bobo, Norman, Okla., temporary vice-presidents, and Dr. H. C. Todd, Oklahoma City, chairman of Committee of Arrangements.

A committee on program was appointed, consisting of Drs. J. E. Gilcreest, H. K. Alkire, J. D. Bolton, F. J. Lutz and F. H. Clark.

The program committee was instructed to provide a program for two days, and to divide the work into sections. Dr. H. L. Alkire, chairman of the Section on Eye, Ear, Nose and Throat; Dr. J. E. Gilcreest on Surgery, and Dr. J. D. Bolton on General Medicine.

A Committee on Publication was appointed, as follows: Dr. Chas. Wood Fassett, St. Joseph; Dr. T. E. Holland, Hot Springs; Dr. M. F. Jarrett, Fort Scott; Dr. M. M. Smith, Austin; Dr. A. L. Blesh, Guthrie. This committee will make a report at the first meeting, and a recommendation as to the best method of publishing the transactions of the association.

The secretary was instructed to send a copy of the Declaration of Principles to every physician eligible to membership in the states comprising this district, and to urge them to attend the initial meeting.

A rising vote of thanks was tendered Dr. Jabez N. Jackson for his efforts in behalf of the new organization and for his generous entertainment of the committee, after which the committee adjourned to meet on the evening preceding the first meeting of the association at Oklahoma City.

F. H. CLARK, Secretary-Treasurer.

APPRECIATION.—Dear Doctor: Inclosed find cheque for professional services rendered by you to my late uncle. I thank you for your zeal in the matter and shall not fail to recommend you to all my other wealthy relatives.—Translated for Tales from Meggendorfer Blaetter.

EPIGRAMS.—Egotism.—Belief that we are necessary while living, and shall be remembered when dead. Religion.—With some a hope, with others a belief, and with many a fear that the injustices of this life will be remedied in the next. Wealth.—The modern standard of success. Fools worship it; ascetics despise it; wise men use it.—J. F. Finley in the August Century.